

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 563817 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
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100						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	33	←	←	←	←	←
TOTAL CLAIMS	35	████████	████████	████████	████████	████████